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Orphans and Vulnerable Children Programming
Supported by USAID/Nigeria
CEDPA and Africare Programs
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Orphans and Vulnerable Children Programming- Nigeria

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Introduction

USAID/Nigeria initiated an assessment of the Africare and CEDPA Orphans and Vulnerable Children Projects in Rivers and Benue states which took place 9/12-9/26/02. The scope of work for this assessment included the following:

1. To assist the team leader in the ground work necessary to implement the orphans and vulnerable children assessment, including providing input into the methodologies to be used for the assessment, input into the team selection and composition and other assistance to the team leader as necessary.
2. To provide both the Africare and the CEDPA project staff with international and AID/W perspectives on orphans and vulnerable children projects in terms of lessons learned, future directions, scaling up and scaling out, etc.
3. To provide the Mission with an overview in terms of the progress of these projects to date, suggestions for future directions and/or corrective actions, and input into the endline studies if possible.

The assessment included talking with the Africare country headquarters' colleagues in Abuja; visiting the CEDPA country office in Lagos; and discussions with USAID colleagues in the USAID office in Abuja. It also included visits to the Africare field office and project sites in Rivers State, and the CEDPA project sites in Benue State. Colleagues involved in this assessment are listed in the Appendix labeled "Contacts" This document includes current status of the two projects and suggestions for future programming (SOW Sept/02). The final draft of the document will include input from CEDPA and Africare staff members who participated in the field visits.

Background

Over the past twelve years, HIV seroprevalence in Nigeria has increased by more than 300 percent, to 5.8% in 2001. The government of Nigeria currently reports that 3.5 million Nigerians live with HIV/AIDS and that 900,000 children have been orphaned by AIDS, though even higher estimates of the extent and impact of the disease have been made. While the exact number of HIV positive Nigerians may not be known, experts agree that the country has the highest number of HIV infected adults and orphans due to AIDS in West Africa, and that it accounts for nearly 10% of AIDS worldwide (USAID/Nigeria 2001, from UNAIDS,2002)

According to *Children on the Brink 2002*, a joint report by UNICEF, UNAIDS, and USAID, there will be nearly 6.7 million orphans in Nigeria in 2010 due to all causes; over 2.6 million will be orphans because one or both parents will have died as a result of AIDS. The proportion of orphans is increasing and will continue to increase until more than a decade after the incidence of HIV begins to decline.

Therefore...the following are priorities in considering activities related to orphans and other vulnerable children:

DURATION- Long term

SCALE- Large and growing numbers

Long-term: USAID provides support for 2-3 years at a time. Even if this were to increase, funds could not be committed for the time period necessary. Consideration regarding the potential for “sustainability” must be of paramount importance

Large and growing numbers: With close to a million children in Nigeria who are orphaned as a result of AIDS, and the numbers increasing, consideration must be focused on methods that have the potential to reach the most children.

Community ownership is necessary to achieve maximum Scale and Duration: There are not (and will not be) enough external funds to provide direct service to the many children in need.

THE KEY QUESTION:

How can the implementing partners support the initiation or ongoing work of community-owned efforts that will reach OVCs for the long term, in numbers that are greater than those for whom they can directly provide care?

Note: There is no single answer to this question. These types of activities are relatively recent. What has worked in one context may not work in others. Systematically exploring alternatives and documenting lessons learned will contribute to enhanced effectiveness and improved well-being of OVC both in Nigeria and in other countries.

Where we are now:

At this point, both projects are providing the following resources:

To children: school levies, text books, uniforms, sandals, health care, vocational training.

To caregivers: IGAs, vocational training (to caregivers, only in Benue State Project)

Current projects primarily consist of a service-delivery approach. Providing services to the children is labor intensive, expensive, and sustainability relies on continued funds to pay for the services provided and the staff to implement and monitor the provision of those services.

The project is seen by the communities as CEDPA’s project, or Africare’s project, and the children are sometimes referred to as “CEDPA’s orphans” or “Africare’s orphans” by members of the community.

Programming Issues

The following sections focus on issues related to programming for orphans and vulnerable children. The sections include an overview of the current status of CEDPA and Africare programming with regard to these issues, observations about current approaches, and some suggestions about how to move forward in programming on these issues.

Community ownership

Community Ownership - An alternative to the service-delivery approach?

Community ownership would imply that projects contribute to the strengthening or the initiation of community-level structures that take responsibility for caring for OVC in their community. Projects identify ways of supporting community activities so that they do not undermine the potential for sustainable community efforts.

At this point in time, the Projects have focused on provision of service by the implementing partners and, in some cases, the NGO partners. Both projects have worked with and received varying levels of support from community stakeholders.

Benue State Project

- Project implementers have developed a Program Implementation Committee (PIC), which consists of community representatives who are expected to monitor the situation of project participants.
- Project activities are introduced and discussed with community chiefs.
- Land and building have been donated by community leaders (chiefs and LGA chairmen)
- Oil palm seeds and cuttings were provided, through the agricultural extension unit, arranged by LGA chairman.
- The LGA MOH pays the salary of 5 field workers

Rivers State Project

- Project implementers have developed a Project Advisory Board (PAB), which consists of community representatives. The PABs are not functioning at this time.
- Caregiver groups have been developed in each community. They meet regularly. It is through the caregiver groups that micro loans are disbursed and monitored
- Project activities are introduced and discussed with community chiefs.
- One of the villages, Sogho, in the project area has donated land for the proposed IGA. The previous counselor in that area has committed to ongoing support for a few of the orphans. The son of the area's paramount chief has offered to begin a foundation that will provide sustainable support to orphans.

Challenge:

In Rivers State, staff and communities emphasized that theirs is an “individualistic” society and it is not realistic to expect that community members will be motivated by altruism to care for others outside their extended family.

In Summary....

Despite involvement with community members and community leaders, the projects are viewed as a donor activity that is being implemented in their community, with their consent. It is not viewed as a community owned activity, with the motivation and initiative that implies. CBOs, including village-level faith-based groups are not involved.

In general, OVC projects operate to:

1. Mobilize communities around the issue, thereby “setting the spark” that results in community initiatives; or
2. Support and increase the capacity of already existing community initiatives.

In the case of the Benue and Rivers State Projects, a third model will be necessary:

3. Transforming a service-delivery, externally initiated activity into a community-owned effort.

Indeed, this will be a challenge. Documentation will be a valuable contribution to other projects that are also faced with a similar challenge.

In both Benue and Rivers State, there are examples of positive signs of community involvement that could be the foundation for the evolution of community ownership. As this process evolves, positive models of community action can be used to stimulate similar action in other communities. For example, leaders in Sogho, in Rivers State, have demonstrated the desire to take additional responsibility toward supporting orphans in their community. It is possible that this community will be the easiest in which to begin to meet the challenge of transforming project efforts to focus more on supporting the development of community ownership. If the community mobilization process moves forward in that community, perhaps the example and lessons learned in that community can support the development of similar activities in other communities through direct sharing of experiences – community to community. In addition to fostering mentoring between Nigerian community initiatives, it may also be helpful to arrange mentors from OVC projects in other countries to exchange information with the Benue and Rivers State projects.

Sustainability

The term “sustainability” should be placed within quotation marks throughout the document. These communities are poor. There are large numbers of children (Large family sizes and the availability of family planning is an important issue to raise – but will be “tabled” for another time) who are orphaned, poor, or otherwise disadvantaged. Children are orphaned by causes other than HIV/AIDS, such as conflict, etc. In the Rivers State project area, land is scarce; waters are polluted. As the impact of AIDS

manifests itself in increasing numbers of adults who become ill and die, the ability of community members to care for the orphans will continue to erode. Currently, almost all orphans are cared for by extended family members. There are few child-headed households. Eventually, the impact of AIDS is likely to affect the ability of family members to continue to provide this care to orphans as their “aunties” become fewer, with more children to support. THEREFORE. “Sustainability” without some infusion of outside resources might be unachievable in this context. A major challenge of the Project assessment efforts will be to determine ways to utilize outside resources in a manner that is most likely to optimize on-going community efforts and minimize weakening of community responsibility for its orphans.

The following are 2 types of “sustainability” in the context of the OVC projects:

1. Both Projects are working with NGO partners. Theoretically, these NGOs can receive technical support from the project that will enable them to independently implement project activities by the end of the project period. Capacity building must enable these NGOs to seek and obtain funding from outside sources. Having already invested in the start-up costs; and having already identified ways to run the project activities in a manner that is as efficient as possible; the implementing partners will be leaving efficient NGOs that are able to continue activities with a budget that is relatively small and easier to maintain financially. Again, this is a definition of “sustainability” that does not imply complete financial self-sufficiency.
2. Both Projects have, or are planning to, set up group IGAs. If these IGAs become profitable businesses, they have the potential to provide ongoing financial support to direct project activities, such as paying school fees and health care expenses. In the meantime, they also have the potential to provide on-going income to caregivers who are paid for their work. This reflects a different definition of “sustainability” wherein the activities continue (after significant start-up funds from the donor) and are financially self-sufficient, providing economic support that is even broader than just sustaining the business.

In Summary....

If the objective is to achieve these two types of sustainability during the next phase of project implementation, a concerted effort will be needed to do so. An action plan must be developed and implemented. Progress must be regularly assessed and plans must be modified as needed

Targeting and Selection

Neither project is an “OVC” (orphans and vulnerable children) Project. This is a misnomer. Both projects target orphans.

Benue State targets “indigent orphans”: Enumeration of orphans was completed in the target area. Field workers verified orphan status and living situations. Those who were orphans and most indigent, according to set criteria, were included in a list of proposed project participants. The list was presented to the PIC, which accepted the list without objection.

Rivers State Project targets “AIDS orphans” whose parents died as a result of a health condition with symptoms resembling AIDS. There is no mention of “AIDS orphans” within the community and the project is not associated with HIV/AIDS. Orphans were enumerated in the 38 community, and those receiving support from the project were selected according to set criteria.

Note: Almost all orphans included in the project are living with caregivers. As the epidemic progresses and there are less aunts and uncles to care for them, there will likely be an increase in the number of child-headed households.

Issues related to **targeting** orphans only:

Pros:

- It is simple. If one or two parents are dead, the child is an orphan. This avoids (somewhat avoids) more complicated criteria that leave more room for community members to accuse the selection of being biased.
- It limits the number of children in the selection pool. Adding “vulnerable children” may include children with very ill parents....or even very poor children. The numbers, especially in poverty-stricken areas, might otherwise be overwhelming.

Cons:

- Targeting orphans has the potential to increase stigma experienced by orphans. When one enters a poor community and sees a child in a new uniform, how likely is it that the child is an orphan? Does the new uniform, or the fact that the child is in school when other children in the household are not, label them “orphan”? What are the implications for the child? (see assessment recommendations)
- All orphans are not equally vulnerable. (The Benue State project tries to address this by focusing on the most indigent.)
- Many children living with parents who are dying of AIDS are even more vulnerable than orphans. The vulnerability of children affected by HIV/AIDS begins before their parent(s) die. It is best to begin support to those children before the death of the parent. In some cases, this includes planning for their future care. Identifying children whose parents are ill should not (and cannot) distinguish between those who are ill as a result of AIDS versus other severe illness.

Issues related to **selecting 1-3 children** per family:

In Rivers State one orphan per family is supported by the project. In Benue State, up to 3 orphans may be supported in one family, but generally less. Other members of the family, as well as community members may feel that project participants receive preferential treatment. This view was expressed a number of times during the team's visits. (In both Benue and Rivers State, examples were given where a child was brought to the health center with measles, in one case, and TB in another. The orphan was given health treatment, but the other children in the household who "got the illness from the orphan" were not eligible for free treatment) What is the impact of this "preferential treatment" on the project recipient? (see assessment recommendations)

Issues related to **selection** process:

The selection criteria and the selection process seem to have been primarily influenced by the project implementers, though there was some attempt to involve the community by the Benue State Project.

Pros:

- The current selection process is less likely to be considered biased by community members. Project implementers expressed concern that if community members had more control over who is selected, they might be apt to pick from among relatives and friends. This could exacerbate negative feelings toward the process and toward the children. Even with the current selection process, disgruntled caregivers blamed the chief or members of the PIC when they were not chosen as project beneficiaries in the Project. (This effect might be minimized with a transparent process that is led by members chosen by the community, who they feel to be representative of various factions within the community)

Cons:

- The selection is not within community control. The orphans selected are more likely to be perceived as the responsibility of the implementing partners – "CEDPA's orphans", "Africare's orphans"..
- The community is best able to identify who is truly the most vulnerable among them.

In Summary....

Targeting and selection of project recipients is key to characterizing the nature of the project and the perception of the project by community members, the implementing staff, and project beneficiaries. At this mid-point in the project period, current methods and criteria for targeting and selection should be assessed and re-considered. (see assesement recommendations)

Project Coverage:

The projects are restricted to areas that they can cover by paid staff. Benue State Project has 5 community health workers from the local government and pays the other field

workers as staff. These field workers are expected to visit each of the children on a regular basis and report on their situation. They work in 7? Communities in 2 LGAs.

The Rivers State Project has been operating with 2 field workers since April 2001. A new project manager began 2 months ago. They work in 38 communities in 4 LGAs. Direct provision of services relies on the work of these two staff members. (It is Amazing that they have been able to keep this direct service program going in so many communities with so few staff)

The number of orphans will continue to grow as the rising incidence of HIV/AIDS is reflected in the increased deaths. At the same time, the family size of people in the project communities is large. The dependency ratio, the number of caregivers per child, is extremely large. (see assessment recommendations and research suggestions)

In Summary....

With the current focus of the projects, increasing coverage necessitates hiring more staff. It is unrealistic to expect that USAID will be able to support, on a long term basis, the large numbers of staff that would be necessary to increase the coverage to an acceptable level, using the current service provision model. Project implementers, along with USAID Mission colleagues, should consider long-term plans for the OVC projects before expanding to new communities and adding more children to the number of direct CEDPA/Africare beneficiaries.

Income Generation Interventions **IGAs and Micro-credit**

Both projects are involved in income generating activities, though the nature of these activities differ between the projects. Both Projects have expectations that it is these economic interventions that have the potential to sustain support to orphans on a long-term basis. The expectation is that they will generate income on an on-going basis that will be used to enhance household incomes of caregivers directly involved in the IGA, and thus the well-being of OVCs in the households. With regard to the IGAs in Benue State, the expectation is that they will also generate income that can be used to provide education and health care to orphans beyond those directly involved in the IGA.

Those economic interventions that have already begun, have been implemented quite recently. In some cases, there is a great deal of optimism; some have confronted serious difficulties; and for some, it is too early to tell.

Benue State:

Consultant Tony Awa has been hired to provide technical assistance to the IGAs. Each of the first 4 communities were asked to submit ideas regarding IGAs in their communities and Mr. Awa worked with them to refine the proposals for the first 3 IGAs below. The 4th, the piggery, was to be supported by COWAN but this was not a

successful partnership and it was terminated. The following are the IGAs chosen and implemented by the communities and the status of those activities:

- Rice mill – The mill is about to begin its first harvest season, which will run until April/May. At that time, its potential to generate income will be better known. According to the consultant, there is a good sized demand for this mill; it is more accessible and cheaper than the community mill which is the only other such business in the area. Additional resources have been leveraged. For example, the US Ambassador has also contributed to the IGA, promising a donation of machinery. The mill is implemented by Opiatoha, an association of community based women's groups. On-going support to Opiatoha is important to identify and overcome hurdles that will arise during its initial period of operation. There have been some "glitches" related to hiring practices, etc, but these are being resolved. Capacity building will be necessary to run the business successfully, to be transparent to members of the Opiatoha network, and to share resources with caregivers and OVC. When the rice mill makes enough profit, plans are to provide micro-credit to Opiatoha members who are caregivers. This, also, will necessitate capacity building among Opiatoha to administer. It will be important to monitor and document this effort.
- Cassava plantation and Gari Mill – The demand for a gari mill in the surrounding area is considered to be quite high by the consultant. Improvement of feeder roads (which is being discussed with government officials) would open up the market even more. Since gari is harvested throughout the year, there is not the same seasonal effect that is found for the rice mill. Whereas the rice mill hires a mix of both caregivers and outsiders to run the mill, the gari mill hires caregivers only, thereby providing a source of income to their households. Again, there will be "glitches" which will need to be identified and resolved. Also again, on-going support and capacity building to CWO, which runs the business, is vitally important.
- Oil palm plantation and oil press – The plantation has been planted; the oil press is not yet in operation.
- The Piggery – This was a group project, set up with COWAN technical assistance. However, the IGA was not a viable business. Some of the reasons given were that: the feed provided to the pigs was too costly; and the pigs were not being sold when they were table size, but were kept and growing (needing more food). As a result, the decision was made to give caregiver participants each a pig to raise in order to generate income on an individual basis. (total caregivers thus supported – 18??). The rest of the pigs were sold and the money was used to provide micro loans to the caregivers who received the pigs. These individual loans were recent (July, 2002) and therefore the results of this activity are not yet known.

These IGAs (except the defunct group piggery) are group IGAs. I am not aware of OVC projects in other countries that have implemented successful large-scale IGAs with the intention of generating on-going support to caregivers and OVCs. (Except in Tanzania where a microfinance organization gives a percentage of profits to NGOs working with OVC) Theoretically, these IGAs could be sustainable through profits and could be a continuing source of income to caregivers and their households. With adequate capacity

building, they could be run on an ongoing basis by the local NGOs. These could be valuable models for other projects both within and outside Nigeria. It would behoove USAID and CEDPA to continue to identify “glitches” that arise in the operation of these IGAs and to provide support to ensure the viability of these business and their ultimate ability to continue running successfully without external resources. Alternative ways of enabling the IGAs to access technical assistance, as needed, after the project ends should also be addressed.

In addition to the group IGAs in Benue State, COWAN provided members of Opiatoha with 500,000 N to operate a micro-lending activity among caregivers. COWAN administered the micro-lending. This activity has since collapsed. Reasons offered were: the interest rates were too high, and that COWAN was unable to monitor the end user and recover the loans. (see assessment recommendations)

A market survey was done for CEDPA by TechnoServe, but this was not available for review for this report.

Rivers State:

The Rivers State Project includes two types of economic interventions – individual micro-loans and plans for a group IGA which will mill soy:

- Caregivers associations have been formed in each community, with an elected chairman in each. Each caregiver receives up to 10,000 N as a micro-loan, to be paid back, with 10% interest on a monthly basis over a period of 10 months. They are then able to take out another loan. The micro-lending program just began in the last few months, so it is too early to know whether caregivers will be able to pay back the loans. “Glitches” have begun to surface. For example, a frequent refrain from caregivers is that the loans are “not enough”. Farmers who invested in crops that will take some time to yield profit complain that they need more time to pay back the loans. One woman mentioned that long-term illness in her family has increased her medical expenses (this may be a more frequent occurrence with increases in AIDS-related illnesses). One village explained that immediately after they had made their investments in petty trading or farming, their village was chased away by another village due to conflict over land. In the 3 months that they were seeking refuge in a third village, they lost their investments and have returned to their villages without products to sell and in debt.
- Plans are underway in the village of Sogho in Khana LGA to develop a business whereby Soy will be brought to the village (it does not grow there), milled, made into soy products and sold. This project has not yet begun.

The assessment will need to examine the availability of expert technical advice that will enable these economic interventions to become viable activities which will contribute to the economic stability of households that are caring for OVC. (see assessment recommendations)

NOTE: In some of the documents written about the relationship between implementation of microenterprise activities in conjunction with OVC interventions, the importance of microenterprise activities being implemented by technical experts has been stressed:

- Organizations that specialize in health often attempt to implement micro-enterprise operations but do not have the expertise and often fail. Micro-enterprise experts are better able to monitor, assess business plans, provide technical assistance, and supervise micro-lending. They may be better able to implement related products such as savings, insurance, etc; and provide appropriate complementary activities such as business development skills and market linkage.
- It is better for separate organizations to operate micro-finance activities than that which are providing health and social-impact interventions. Within a single organization, problems arise when, on the one hand, the organization plays a philanthropic role in the community and, on the other hand, enforces pay-back of loans.
- The sustainability of micro-enterprise is threatened when the financial objectives are compromised by adding on health/social impact objectives.
- Generally, it is recommended that micro-enterprise interventions are operated in the same geographical area as the OVC intervention but are operated separately. In this way, the participants of the OVC activities and other community members who may now or in the future be supporting OVCs can benefit from enhanced income generation without compromising the viability of the microenterprise activity.

HOWEVER: In the case where there is not a viable micro-enterprise organization to provide these services, is it feasible to develop capacity within OVC implementing NGOs to also implement viable micro-enterprise activities? This is the path that CEDPA and Africare have currently begun to take. The assessment of existing (or potential) micro-enterprise expertise in the project areas; and the feasibility of enabling the NGO partners to effectively implement these activities are of paramount importance (see assessment recommendations) .

As part of the mid-term assessment, consideration should be given to the types of economic interventions that are most feasible within the context of an OVC activity. The following are several considerations to include:

- What are the microenterprise activities that are most beneficial to caregivers and OVCs? For example, are there unintended consequences that must be considered? Are women who are taking loans able to use the funds to improve business? What happens, for example, when medical expenses necessitate increased spending on seeking cures that do not exist – often the case in AIDS affected areas? Do they end up in the same financial position, but with the addition of debt?
- Does the increased income in the household translate into improved well-being among OVCs supported by the household? Without long-term follow-up there will not be adequate information to know whether the micro-loans or IGAs contribute to long-term financial security of the household; and it will also be

unclear whether the loan program contributed to the well-being of OVCs in the households (see research recommendations).

- Is the cost of the start-up and running of the micro-enterprise worth the impact? In the case of the Benue State group IGAs, the start-up funds were provided by CEDPA. The project is expected to be financially self-sustaining in the future. Taking into consideration the cost of setting up the IGAs, the project may, or may not, have been a financially profitable business decision. On the other hand, if the IGA generates on-going financial support to the target population, the health and social impact related to improved income may be worth the initial investment. This balance of the costs and the benefits (beyond the financial) should be taken into consideration in making such decisions. The same applies to the implementation of micro-loans and savings. What is the total cost of the activity (including start-up costs and on-going management)? What is the potential for financial self-sustainability, after start-up costs. What is the impact? Is this the best use of funds?
- Though some of the existing literature recommends that micro-enterprise organizations implement those activities, and not the health organizations, is this the case in the Project areas? What is the current status of expertise in micro-enterprise in the project areas? Can existing organizations provide the necessary expertise or is it better to train the partner NGOs to do so?

In Summary....

The assessment should include the input of an expert in microenterprise to review the status and plans for income generation projects. (see Recommendations to USAID) Input from an external microenterprise expert about the viability and implementation of current activities would be advantageous to the project. Input regarding planned activities, as well recommendations on how to maintain the viability of current activities over time would also be useful.

Vocational Skills Training

Both Projects are supporting vocational skills training. The Benue State Project supports almost 80 caregivers and orphans; the Rivers State Project supports approximately 56. The degree to which participants are learning skills and the degree to which they will benefit financially from these skills is not known. In addition, the cost of the skills training and the cost of enabling participants to utilize skills needs to be determined. For example, in Benue State, initial plans were discussed about the purchase of sewing machines for the participants in tailoring training. This decision has been not to provide sewing machines. Will the trainees benefit without the sewing machines? What will be the impact of vocational training to the beneficiaries? The OVCs? (Some of the school uniforms purchased for the project are currently sewn by tailoring students. Might there be a way for funds saved from the payments made on uniforms contribute to the payment of sewing machines?) (see assessment recommendations).

Education and Health Benefits

Both Projects support education and health expenses for orphan participants. Benue State and Rivers State Projects pay for school levies, uniforms, sandals, school books for children until they are 15 years old. (Benue State project support includes 15 year old orphans) Each project has made arrangements for a local health provider to provide medical care for orphan participants (a missionary clinic, St. Theresa's, in Otukpo for Benue State participants and XXX for Rivers State participants).

The decision to provide school and health benefits to orphan participants was based on priorities identified during formative baseline research. Some of the orphan beneficiaries may or may not be attending school without the Project support. Other children in their households, including their siblings who are also orphans, may or may not be able to attend school. Mention has been made in both project areas of complaints from community members that these orphans are receiving preferential treatment. (Did the formative research identify a different rate of school attendance between orphans and non-orphans? (see assessment recommendations)

How will this support continue for the long-term? How will more children benefit?

Without a continuous flow of funds, the current provision of school expenses would not be sustainable. How this will be continued once the project period is over is unclear. There may be ways to decrease the cost of this support in order to make its continuation more feasible. The following are some suggestions, which are provided to begin the discussion to seek alternatives. (Sustainability, coverage, and minimizing stigma should be taken into consideration):

- Arrangements with communities to cost-share school expenses – i.e. project pays for school levies; while community contributes school uniforms
- Project purchases uniforms from caregivers who are tailors
- School officials or local government waives fees for the most vulnerable children (Rivers State Project has been lobbying local officials to waive health care fees for project participants so that they receive free health care under the same mechanism by which children 0-6 years old receive free medical care).
- Identify local community members or community leaders who are willing to support school expenses for a specific number of children on an ongoing basis. (Benue State Project had discussions with the late Bishop about parishioners who might be willing to provide support to a few orphans. In Rivers State, an ex-counsellor made the commitment and continues to support the school expenses of a few orphans.)

HIV/AIDS Prevention and Stigma Reduction

HIV/AIDS awareness is extremely low in both States. Stigma is high. In the Benue State project, at the same time that the project was to begin, one of the proposed communities experienced extreme stigma as a result of media attention

identifying the area as having the highest HIV prevalence in Nigeria. The NGO that was expected to be one of the project partners was the object of violence and withdrew from the project. Even community members living in other parts of Nigeria experienced discrimination, were fired from jobs, etc, when identified as being from the area.

The CEDPA Benue State project implementers feel that there has been a reduction in stigma since the beginning of the project. However, it is not clear how the project may have had an impact on stigma associated with HIV/AIDS. The field supervisors, though five of them are government health workers, are not specifically expected to address HIV/AIDS within their community work. (see assessment recommendations)

In the Rivers State Project, children are included in the project when their parents died as a result of symptoms resembling AIDS. The project, however, steers clear of addressing HIV/AIDS. For example, during one of the field visits, the chairman of the caregivers group asked members of the project staff why there are increasing numbers of orphans. The staff members avoided talking about HIV/AIDS in their response.

Pros: (for integrating HIV/AIDS prevention into the projects):

A project that focuses on children affected by HIV/AIDS has the potential to have a positive impact on HIV/AIDS awareness and on stigma associated with those who have the disease. Community leaders and community members may be more likely to accept the reality of the disease among them and respond to HIV prevention messages when introduced first through its impact on the children.

Cons:

On the other hand, if the project is associated with HIV/AIDS, there is a risk that stigma will increase toward the children and toward the project.

Project assessment should contribute to decisions about whether or not (and how) to incorporate HIV/AIDS prevention activities into the project. An alternative would be to work with other HIV/AIDS projects to assure that HIV/AIDS prevention is being brought into the project area. Both projects are linked to ARH projects that are being developed in their areas. (see assessment recommendations)

Care and Support for PLWHA

In the Benue State Project area, Pathfinder was previously supported by DFID to provide care and support to PLWHA. The Project period has ended. It is unclear what resources are currently available or what services are needed in the Benue State or the Rivers State Project Area. CEDPA headquarters is holding a workshop in October in Benue State to field test a care and support manual that they have developed. Information about the plans to follow-up this effort and how it will be linked to the OVC project were unavailable at the time of this report. This effort has the potential to be linked with the Benue and Rivers State projects and should be further explored.

Psychosocial Support

Benefits directly provided by the Project are to finance education and health benefits and to support IGAs and Micro Loans. In Benue State, the field supervisors check on orphan participants, but it is unclear whether that interaction is limited to their education and health status or whether it also includes psychosocial support (see assessment recommendations) The PIC members are expected to report problems with orphans in their communities to field supervisors. How well this is working will also need to be assessed. It is unclear whether (and how) members or other members of the community provide emotional support to project beneficiaries or other OVC in the community. (see assessment recommendations) The Benue State Project has begun discussion with the HORIZONS project about collaborating on research that would evaluate the impact of adding a psychosocial component to the project.

In Rivers State, the field workers seem to have a supportive relationship with orphans we met in the community. Their ability (and time) to provide psychosocial support and the impact on the project with regard to increasing psychosocial support is not clear and should be included in the assessment.

In some projects elsewhere in Africa, communities have set up systems by which orphans and other vulnerable children living with ill parents receive regular visits from a community member who provides spiritual and/or emotional support. Project staff, especially in Rivers State, explained that this may not be feasible because:

- It is looked upon with suspicion when someone from the community comes to visit for no apparent reason, such as bringing money or other resources. For example, the family who receives the visit may suspect that the visitor has some ulterior motive – i.e. they may feel responsible for the death of the child's parent.
- Especially in Rivers State, the staff and the community reiterated time and again that the society is very individualistic and that interventions that rely on altruistic motives would be unrealistic.

Nutritional support

In both projects, lack of food has been noted to be a problem among beneficiary households. It is not known how extensive a problem this may be. Theoretically, increased incomes to households that participate in IGAs or micro-loans may result in improved nutrition.

In Benue State, where farming is common, the suggestion has been made by one of the implementers that enhanced utilization of locally available products may lead to improved nutrition among project beneficiaries and other members of their households. This might be introduced through training of caregivers. It may provide a cost-effective and sustainable intervention to enhance household nutrition.

Project Implementing Staff – Capacity Development

Headquarters and National Level Staff:

Headquarters or national level staff who were involved in the projects' inception were not included in the interviews.

There has been turn-over of staff working with the Benue State Project at CEDPA headquarters and at country level since the inception of the project; I am unfamiliar with the Africare headquarters staff. Headquarters and country offices should be encouraged to develop the capacity to not only monitor but, more importantly, to support strategic action at country level. For example, Africare has received headquarters input during the time that they were expanding to 38 communities with extremely limited staff. With the benefit of hindsight, this seems to have reflected lack of support for strategic planning. Again, however, they were not included in the recent interviews, so it will be necessary to wait until the assessment for clarification. (see assessment recommendations)

Recommendation to USAID/Washington: It is important for USAID/Washington to more adequately support current and potential program developers in order to be more strategic in their program design. USAID/W must also be more proactive in providing information to USAID missions about consensus and lessons learned with regard to OVC programming in order to support strategic RFAs and the assessment of responding OVC proposals.

Local Level Africare and CEDPA Staff

Local level Africare and CEDPA staff, along with NGO partners have participated in a number of workshops since the inception of the projects. In addition, consultants have been hired to support the Projects in particular areas. In both Projects, staff seem dedicated and hard working.

If the Project is to re-assess its direction for the next phase of operation, the skills necessary to do so must also be assessed. In those areas that the staff is weak, technical assistance should be made available either to increase their capacity or to provide support through hiring consultants as needed. An example: CEDPA hired a business specialist when it was setting up IGAs in Benue State. Another example: If the Projects focus on increasing support to NGO partners to enhance organizational capacity – i.e. management systems, monitoring and evaluation, financial systems, fundraising, etc. - then it may be necessary to identify the technical assistance necessary for this type of work with NGO partners. (see assessment recommendations)

NGO Partners

In order to implement activities, both CEDPA and Africare have identified local NGO partners. Ideally, the capacity of the NGO partners are being developed so that they will be able to continue implementing Project activities when the agreement with USAID has terminated. The NGOs should be able to continue in the Project areas and in new areas – mobilizing communities, supporting CBOs and other community efforts, and supporting CBO access to continued internal and external resources. In addition, the members of the NGO partners are caring for children, par

The Benue State Project has two partners – CWO and Opiatoha. CWO, the diocese, implements the education and health benefits. Opiatoha implements the IGAs, except the Cassava and Gari mills, which is implemented by the Ojabo (?) CWO. CEDPA's local office supervises field workers' activities. The assessment should identify ongoing capacity building activities of the NGOs and gaps that remain in order to assure that the NGO partners are becoming capable of running the project. For example, if the NGOs are responsible for mobilizing communities or strengthening CBOs, they may need training and on-going support to do so. (see assessment recommendations)

The Africare project has also identified two NGO partners – OYDP and FAFO. Both field officers were originally staff of OYDP. The relationship with FOFA seems limited to attendance of the executive director at meetings of the project. Representatives of both NGOs have been involved in workshops implemented by the project during the past 2 years. The staff of the Project has been paid by Africare, which also pays a portion of the NGO partners' administration costs. They have been working out of the Africare office. A recent decision has been made to move the field workers' office from Africare to OYDP. (see assessment recommendations)

At this point, the potential of NGO partners to care for increasing numbers of children within their communities may be greater than is reflected in the organizations' current activities. In some cases, formal activities, such as providing school fees by CWO, are limited to those activities that are receiving funds from the projects. Reorientation and reflection by the community-based organizations about their role in their own communities as leaders in mobilizing increasing support to vulnerable children should be supported.

CBO partners

Each of the projects has identified the CBOs operating within the communities prior to the project, but their involvement with those CBOS is limited. The Benue State Project has developed a community structure with which it works in each community - the PIC (Project Implementation Committee). The Rivers State Project has developed a similar structure, the PAB, which is not active. They have also initiated caregivers groups in each community, through which Micro Loans are distributed. The latter remain active, meeting monthly or bi-monthly as part of the Micro-Loan activity.

Ultimately, it is the CBOs who will ideally be working with the OVCs in the communities. Ideally, the NGO partners would be strengthening and supporting these community efforts. For example, CBOs may need capacity building with regard to: provision of psychosocial support to OVCs; community mobilization; financial management; HIV/AIDS prevention activities, etc

Recommendations:

- Clarify the objectives of the Project with regard to NGO and CBO partners
- Delineate role of CEDPA/Africare; NGO partners; and CBOs
- Identify skills necessary to execute assigned roles
- Identify current gaps and how to fill those gaps
- Proceed to provide assistance, as needed, to achieve NGO and CBO objectives.

In Conclusion....

During the last couple years, each project has identified things that work well within their project and things that have not worked well. There is a wealth of information among the staff that would benefit the on-going work of these efforts, given the opportunity to:

- 1. Discuss and consolidate the lessons that have been learned – for the benefit of the project and for the benefit of other projects;***
- 2. Share information, perspectives, and lessons learned between the projects, through cross-site visits, workshops, or other venue.***

RECOMMENDATIONS TO USAID

In order to achieve sufficient consciousness and commitment, continued and sustained advocacy with communities and governments will be necessary to address the growing, and long term, issue of children affected by HIV/AIDS. The USAID OVC strategy should support and should be complementary to the strategy that is evolving at the National level. The USAID-supported projects have been involved (some more than others) in the development and the beginning of the implementation of a national action plan regarding OVC. A draft national action plan was developed at the West and Central Africa Workshop on OVC in Cote d'Ivoire in April, 2002 by Nigerian participants, including representatives of POLICY, Africare, and FHI. This action plan has been discussed and will soon be finalized by the Ministry of Women's Affairs, with support from the Policy Project and with participation by the other USAID implementing organizations.

It would be to USAID's advantage for Mission representatives and USAID implementing partners to continue to take an active part in the national level activities in order to: 1) increase the advocacy role of USAID in moving the agenda forward more quickly; 2) emphasize, through its own actions, the importance of collaboration in this effort; and 3) ensure that USAID's OVC strategy and activities continue to complement other efforts focusing on OVC in Nigeria.

OVC activities supported by USAID should be considered as a coordinated and consistent strategy, with 4 components (POLICY, CEDPA, Africare, FHI). There is a single goal, with complementary activities that contribute to that goal.

This necessitates that the 4 agencies work together toward the achievement of the USAID objectives regarding OVC work in Nigeria. This has already begun. At the Country level and the State level of the implementing agencies (some more than others), staff are eager to share lessons and to work together to figure out how to make their initiatives more effective. USAID has already supported this interchange and should continue to do so.

USAID cooperative agreements usually are short-term – often between 2-5 years. The time it takes for a project to: “start-up” (hiring staff, office rental, furniture, computer, and vehicle attainment); mobilize community initiatives, figure out the best way to provide support to community structures, begin support of community activities in a way that does not undermine community initiatives; and help community structures, once strong enough, to seek ways to continue to sustain activities, and then begin to phase out.... Is likely to take more than 2-5 years.

Therefore:

- Consider options that will enable implementing partners to move from “start to finish”
- Ensure that submitted proposals include well-thought out plans for strengthening community structures and for withdrawing and phasing out their support of those community structures so that they can continue after Project withdrawal.

Challenges that need to be addressed:

- Most of these communities are poor. It may be unrealistic to expect that they will be able to carry-on support without external resources, especially as the impact of AIDS continues to erode the human and financial resources of the communities. What are the various models for “phasing out” that are realistic? Helping communities to identify other donors? Wealthy community members? Oil companies? Maintaining a minimal level of USAID support for infinite periods of time? (This is a rhetorical question - No answers forthcoming in the near future)
- What is the long-term responsibility of USAID (and therefore its projects) when providing direct support to a children? (This also must be satisfactorily addressed in project proposals.) For example, current projects are providing school levies and health care to orphans. Does that support disappear with no responsibility for its continuation when the project is over (or when the area of coverage is changed – such as in Rivers State)?

The OVC projects include micro-loans and income generating activities as key components of their programming. This assessment did not include professionals with expertise in this area. Throughout Africa, interventions focusing on mitigating the impact of HIV/AIDS on people living with HIV/AIDS and their children are attempting to address the dire economic circumstances that they are encountering. Some lessons are being learned but there is little (if any) research to inform these activities. There is, however, some experience among USAID missions. For example, a project is being implemented in Zimbabwe that is jointly funded by the economic growth and the health SOs, specifically addressing the impact of HIV/AIDS within some of its economic growth interventions. Martin Hanratty, from the Mission in Zimbabwe is now based at USAID/W and would be an excellent resource to assess and advise the mission regarding economic interventions implemented by the health SO. He might also be able to provide input regarding potential linkages between health and SO6 – sustainable Agriculture and Diversified Economic Growth.

There are a number of SOs within USAID that might link with the OVC projects, which could potentially enhance the effectiveness of these projects. For example: democracy and governance efforts that include a focus on inheritance rights for women and children; economic growth efforts that increase the availability of microenterprise activities in the project areas. There are examples of the linkage between economic growth SOs and Health SOs, linking microenterprise and HIV/AIDS mitigation (including OVC) from other USAID missions. Further information is available if the Mission would like to pursue this.

Recommendation to USAID/Washington: It is important for USAID/Washington to more adequately support current and potential program developers (especially headquarters and national staff) in order to be more strategic in their program design. USAID/W must also be more proactive in providing information to USAID missions

about consensus and lessons learned with regard to OVC programming in order to support strategic RFAs and the assessment of responding OVC proposals.

A debriefing should be conducted in Washington with headquarters' staff of CEDPA, Africare and FHI to discuss the findings of the assessment.

ASSESSMENT RECOMMENDATIONS

Discussion, a workshop, and a SOW have been initiated between USAID and CEDPA and Africare regarding documentation and assessment of USAID supported orphans and vulnerable children projects. The following includes suggestions of topic areas and questions that might be considered in conducting such an assessment.

Prerequisite to beginning work on Assessment:

Identify/clarify objectives of the Projects:

- A) initially stated objectives
- B) Objectives of project staff – formal and informal
- C) Agreed upon objectives (staff/administrators/USAID) for next phase

Purpose of the Assessment:

Before proceeding to design the assessment, it will be necessary to re-consider the objectives of the assessment.

The assessment can be used as an opportunity to reconsider:

1. Where does the Project want to go?
Strategic Objectives
2. How to get there?
Action Plan
3. How does the Project know whether it is getting there?
M&E

NOTE: The assessment should provide important information to the project implementers about “where they have been” and “where they want to go” with these projects. One of the CEDPA proposals uses the term, “data for decision makers”, which is a good way to describe this process. Optimally, such a process should take place more than once every two years. Staff and administration have much to gain by regularly assessing whether it is making progress toward its objectives, challenges, lessons learned, set-backs and achievements.

The following are questions that suggest areas that may be considered in the assessment:

- Have the projects achieved the objectives stated in their proposals?
(If not; or If progress toward achieving those objectives is not measurable; Then... How to make sure that progress WILL be measurable [and measured!] during the next phase of implementation???) (And why was this not done at the beginning of the Projects?)
- What has been the effect of the project on Communities?

Care givers?

Positive impact on OVC

Include intended and unintended consequences

Include direct and indirect benefit

Community ownership

Sustainability

Coverage

Note: This is more than a citing of the numbers of children receiving school levies, health care, or the numbers of caregivers participating in IGAs – group or individual. The citing of numbers of people receiving services is regularly collected by both projects. (Baseline data is extremely limited, so that this information must be obtained through methods other than quantitative analysis. At this mid-point, however, there is the opportunity to collect data that can then be used to answer these questions as the projects progress toward the next phase)

- What are the project activities that have the potential to contribute to long-term, community-owned approaches?
- What are project activities that do not have the potential to contribute to long-term, community-owned approaches?
- Identify opportunities to increase effectiveness (increased community ownership, sustainability, coverage, and ability to make a positive difference in the lives of the OVC) in the next phase of operation. i.e. PLA, community mobilization, etc
- How will projects be phased-down in preparation for the termination of the project so that they can continue after the project ends?

Required as part of the Assessment Deliverable:

Identify action plan toward achieving the agreed-upon Objectives for the next phase, including the plan to monitor implementation of those actions and method of measuring their achievement in a set time period.

Suggestions regarding methodology:

When interviewing children, consider ethical implications including impact of the interview on the child. Speaking with strangers about their feelings, may cause emotional distress. Should children be interviewed? If so, how will emotional support be provided to children during and after the interview? What is IRB involvement prior to interview-related decisions? FHI/IMPACT has dealt with some of these issues in research conducted with the SCOPE Project in Zambia. Consider discussing with them lessons learned and recommendations regarding interviewing children.

Interviewer selection and approach will be very important in obtaining valid information from interviewees. Community members see the project as the provider of money and benefits to participants. Withdrawal of benefits or the potential to receive more benefits is likely to affect response. Ideally, interviewers would speak local language and would

be unrelated to the project or the community, but close enough in culture- so that interviewers are perceived to be an “outsider” with respect to the project and community, but not too far “outside”.

ISSUES/OBJECTIVES

The following are some of the issues/objectives that arose during the brief field visits to both projects, along with suggestions regarding questions to be answered as part of the assessment. These questions should not replace those that were identified during the 2-day workshop attended by Africare and Cedpa in June, 2002. Rather, this document can be used as a resource to take into consideration when making the final decisions about how to proceed with the Project objectives for the next phase; and for the assessment that will support that process.

To answer questions about effectiveness of the Projects, there is no available data. However, these questions may stimulate a process whereby the Projects consider what data they will need to answer these questions at a later date so that they can begin to collect the data at this time.

Monitoring and Evaluation

What were the original M&E plans?

Have they been implemented?

Why or why not?

What information is available about the effectiveness of the Project regarding:
Process, output, outcome, impact?

Considering revised project objectives, what will be M&E plan to assess attainment of objectives?

What data needs to be collected at this time and on an ongoing basis to fulfill M&E plans?

Community Ownership

What are current project activities that have the potential to contribute to community ownership of OVC?

What are activities, outside of the current project activities, to enhance community ownership?

What are challenges/barriers to enhanced community ownership? i.e. individualistic attitudes, etc.

What are suggestions to overcome challenges/barriers to community ownership? i.e. increased awareness; sharing positive action community-to-community, etc.

Sustainability

What are current project activities that have the potential to be sustainable?

What are current project activities that do not have potential to be sustainable?

Are there ways to make the latter more likely to be sustainable?

What are other activities that the project might include which have the potential to provide sustainable support to OVC?

Targeting and Selection

What are the positive and the negative implications of current targeting and selection process on children? On caregivers? On households?

What are the pros and cons of targeting orphans versus orphans and other vulnerable children?

What are the pros and cons of targeting individual children versus households?

What is the involvement of the community in developing current selection criteria?

Should community be involved in a different manner? (Rationale for doing so may include: 1) to increase community ownership; 2) to be more realistic in identifying the most vulnerable of the children in the community; etc.).

Project Coverage:

What is the current coverage?

What are plans for expansion and/or elimination?

Which communities would be the objects of expansion and/or elimination? And Why?
What are the pros and cons for expanding/eliminating those communities?

What are alternatives for increasing coverage in an efficient manner that can be maintained long-term?

Rivers State

What will be the implication of cutting from 38 to 6 communities?
Will this be a “phase down” or a complete pull-out?
If the latter, what will continued contact be with the remaining 32?
(If the latter, what is the standard for long-term responsibility that our projects should consider when they begin their support of particular children)
Assess the advantage of moving to new communities while dropping “old” communities.
Reconsider adding Bonny LGA in consideration of the problems identified previously, which led to its exclusion in the initial set-up of the project.

Income Generation Interventions **IGAs and Microcredit**

What is current status of IGAs and Microcredit? Esp: What is the effect of policy to provide micro-loans to all caregivers?

What micro-enterprises are members of the community involved in? What are the markets for microenterprises? For group IGAs?

What is the experience and skills of caregivers requesting loans? What are the gaps?

What is the process used to select investments by caregivers? How are recipients helped to assess risk?

What are problems and challenges thus far identified?

What are the resources already existing in the community for access to microcredit? Savings?

What are the potential sources of technical expertise regarding economic interventions available in target area, which may potentially partner with Project implementors? i.e. COWAN? Technoserve? Etc?

What is the technical assistance currently provided to project implementers for IGA? Micro-loans? Vocational training?

What is the capacity of implementers of economic activities?

What are the gaps in technical expertise needed for optimal success of economic activities?

What are the costs of IGAs/microcredit activities (start-up, recurrent, marginal etc) ?

What is the potential for financial self-sufficiency?

Future assessments (would require financial and technical resources to implement as a research project)

What is the impact of IGAs and Microcredit on:

Household financial status

OVC well-being – i.e. school attendance, nutrition, health

Vocational Skills Training

What is the current status of vocational training provided by Project?

What is the cost of training?

What is the potential for beneficiaries to attain enhanced economic status as a result of training?

What is the impact on project beneficiaries? On OVCs?

HIV/AIDS Prevention and Care and Stigma Reduction

What is the current HIV/AIDS awareness, prevention, and care activities among members of the community? Among the caregivers? Among the orphans?

What is the community perception of PLWHA? Of orphans? i.e. stigma

How is HIV/AIDS prevention and care currently addressed within the projects?

What are the other resources regarding HIV/AIDS prevention and care within the project areas?

What are the capacities of current staff members to address HIV/AIDS in the context of their work? (for example, one of the field workers is a community health worker who had worked with HIV/AIDS prevention previously)

Where are the potential opportunities to include HIV/AIDS prevention and care within the project? Or to link with existing activities in the project area?

What are the plans to follow-up CEDPA's upcoming care and support manual field testing? How will it benefit Benue State and Rivers State Projects?

Psychosocial Support

What is current provision of psychosocial support to caregivers and to OVC resulting

Directly from Project activities; and

Indirectly from Project activities.

What is the role of the field workers in providing emotional support? The PIC members? Other members of the community? Caregivers?

Are there differences between the treatment of orphans and non-orphans in the same households?

If orphans do not receive as much emotional support as non-orphans, what are potential alternatives to increase the emotional support they receive?

Education and Health Benefits

Are orphans attending school at a different rate than non-orphans in the same households?

Are children in households that support orphans less likely to attend school than those in households that are not also supporting orphans?

Process questions:

What is the status and efficiency of providing education benefits to beneficiaries?

What is the status and efficiency of providing health benefits to beneficiaries?

Assessing Intended Consequences:

How have project activities contributed to enhanced education of beneficiaries?

How have project activities contributed to enhanced health of beneficiaries?

Assessing UnIntended Consequences:

What are the unintended consequences of providing education and health benefits to specific orphans? i.e. orphan children may be sharing use of textbooks with siblings or other classmates; they may be discriminated against as a result of perceived preferential treatment; etc.

Nutritional Support

What is current nutritional status of OVC? Is there a difference between orphans and non-orphans?

How have project activities indirectly contributed to enhanced nutritional status of beneficiaries?

What are the locally available, easily accessible foods that can be utilized to improve nutrition? i.e. to reduce anemia, etc

What is the knowledge and use of these locally available foods?

Project Implementing Staff – Capacity Building

At headquarters, country office, local office, NGO, and CBO level:

What have been the capacity building activities during the first phase of project?

What has been the effectiveness of these activities

Considering revised roles of project implementation staff, what are the pre-requisite capacities?

What are the gaps?

What are recommended ways to proceed to fill those gaps?

Availability of family planning information and methods

Families have a large number of children in the intervention areas. Adding orphans from other large families means that caregivers are taking responsibility for enormous numbers of children. The importance of access to family planning is reinforced in an area where caregivers are dying and leaving behind so many orphans. Thus, the availability of family planning – using methods that prevent unwanted pregnancy and also prevent STDs/HIV/AIDS – is difficult to overlook. Thus, here are a few questions that might be considered either now or in the future.

What is the current demand for family planning information and methods?

What is the current knowledge and use of family planning methods?

What is current access to family planning methods?

What are the gaps?

What are alternatives to begin to address those gaps?

Appendix: **RESEARCH SUGGESTIONS**

The following are areas in which there is potential for research in conjunction with CEDPA and Africare interventions focusing on children affected HIV/AIDS and their families. Globally, there is little research on the effectiveness of different program models on the well-being of orphans and other children made vulnerable due to HIV/AIDS. Research associated with these program activities in Nigeria have much to offer both toward improving the interventions themselves and toward contributing to the general state of knowledge about effective programming. The following are suggestions to begin thinking about 1) topic areas; 2) outcome/impact of interventions; 3) research arms. These are merely suggestions and would need extensive consideration (and funding) before moving forward.

IGA and microcredit

- Impact on households
- Impact on vulnerable children
- Sustainability of IGAS
 - From various types of IGAs
 1. group IGA
 2. individual micro loans
 3. group micro loans
 4. Control

Psychosocial:

- Impact on children's well being
 - From introduction of psychosocial care by:
 1. Training caregivers
 2. Training PIC members;
 3. Control – no training

Nutrition:

- Impact on children's health
 - From training caregivers
 1. to utilize locally available products to improve nutrition
 2. Control

Literacy training:

In one of the Africare Project communities, a literacy project is beginning with caregivers:

- Impact on households
- Impact on vulnerable children
 1. Link improved literacy with OVC project
 2. Control

Adolescent Reproductive health

Both Benue and Rivers State Projects are adding ARH projects into the areas where the VCP are taking place.

In both areas, information about HIV/AIDS is currently minimal

In Benue State, a couple orphans have become pregnant

Impact on risk behavior of vulnerable youths

1. ARH project in OVC project areas
2. Control

NOTE: *Of course, it is imperative that providing access to “modern contraceptive methods takes into consideration both pregnancy prevention AND STD/HIV prevention. Especially among youth, there are some places where the decision has been made to focus on predominantly condom use for both pregnancy prevention and STD/HIV/AIDS prevention (see FHI’s RH program/research based out of Nairobi)*

Family Planning

Caregivers in both States are taking care of 6-9? Or more of their own children, in addition to multiple (2-10?) orphans. The numbers of children cared for by a single caregiver are extremely large. Over the next years, giving the well-being of upcoming caregivers, as well as the children they will be expected to care for, will be well-served if the numbers of children reflect access to family planning.

Both Africare and CEDPA are family planning implementing organizations with a great deal of experience in family planning.

Of course, as noted in the previous research suggestion, access to family planning information and methods MUST address the need for both family planning and STD/HIV/AIDS prevention.

Impact on STD/HIV/AIDS related sexual risk behavior

Impact on number of unwanted pregnancy:

1. Family planning intervention in OVC project areas
2. Control

Democracy and Governance

CEDPA has implemented a DG project in the same area as the Benue VCP project. A focus of one of their activities was to raise awareness among traditional leaders regarding the plight of widows and children with regard to inheritance rights. Since the project has been finished, a prospective study is no longer possible. However, it might be informative to do a cross-sectional study, comparing areas where the interventions were implemented with areas where it was not. Qualitative data collection among widows and also among traditional chiefs touched by the project may be informative.

Appendix - Contacts:

Assessment included discussions with all colleagues listed below.

Field visits were in two parts: the first part was in Benue State to visit CEDPA project sites; and the second part was in Rivers State to visit Africare project sites.

Participants in these field visits included the following:

- Benue State/CEDPA field visits:
 - Margaret Agbeje, Project Office Manager, CEDPA
 - Joshua Ida Samson, Project Manager, CEDPA
 - Professor Pauline Margimua, country director, CEDPA
 - Chika Okala, Country program officer, CEDPA
 - Chinwe Onumonu, Enugu field office manager, CEDPA
 - Kola' Oyediran, Monitoring and Evaluation specialist, CEDPA
 - Rosemary Nnamdi-Okagbue, Senior Technical Officer, FHI
 - Tony Awa, microenterprise consultant, Funds Limited
 - Linda Sussman, USAID/W
- Rivers State/Africare field visits:
 - Philomena Ayehmere Irene, Program Manager, Africare
 - Joseph Kienu, field assistant, OYDP/Africare
 - Borge Paago, field assistant, OYDP/Africare
 - Chika Okala, Country Program Officer, CEDPA
 - Margaret Agbeje, Project Office Manager, CEDPA
 - Linda Sussman, USAID/W

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